

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17	/						
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/						
28	/						
29	/						
30	/						
31	/						
32	/						
33	/						
34	/						
35	/	7					
36	/						
37	/						
38	/						
39	/						
40	/						
41	/						
42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	/						
52	/						
53	/						
54	/						
55	/						
56	/						
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	10						
TOTAL DEP.	46						
TOTAL CLAIMS	56						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS